

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">10/550351</div>		FILING DATE	
APPLICANT(S)										
CLAIMS										
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
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TOTAL DEP.	3	←		←		←				
TOTAL CLAIMS	4									
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT					
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TOTAL IND.		↓		↓		↓				
TOTAL DEP.		←		←		←				
TOTAL CLAIMS										